

Nutrition & WIC Update

KANSAS NUTRITION AND WIC SERVICES



Keep It Simple

Cary Allen, Douglas County Breastfeeding Peer Counselor

“Keep it simple”, says Dr. Jane Morton when discussing ways to prevent breastfeeding problems at the 2016 La Leche League conference. Her strategy is easy to learn and easy to teach; free from rules and gadgets. It consists of three objectives in the first three days: A, B and C.

A = Attachment, latch and milk transfer. Early skin contact and unlimited holding decreases risk of latch problems.

B = Breastmilk production. Early, frequent and effective removal of colostrum helps milk production later. In fact, Dr. Morton has found that 500 ml per day, in the first few days, is the minimum amount to determine a healthy production later. A good production is important for the baby who has not latched well in the beginning. When the milk flow is fast, those babies are more likely to stick with it because they get rewarded for their efforts.

C = Calories. Plenty of colostrum in the first three days can help prevent hypoglycemia, weight loss and jaundice. If the baby is not latching, give colostrum by spoon.

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These three objectives address the top three reasons moms discontinue breastfeeding within the first month; painful latch, low milk production and slow weight gain.

Dr. Morton's research has shown that hand expression right after delivery is especially important for near-term babies who may not latch well. She has found that removing colostrum during the first hour after delivery is crucial in determining future milk production. Hand expression is preferred over pumping because it's more effective and with practice can help empower the mother. Using a pump to express colostrum and a syringe to feed the baby may be seen as a medical intervention and can convey to the mother a sense of fear or failure. However, hand expression and spoon feeding may be less intimidating.

How can we use this information with our WIC clients? Educate prenatal and breastfeeding clients on the importance of learning hand expression. Share Dr. Morton's video with clients and have them practice on a breast model. Discuss when hand expression would be useful. This is a valuable skill for all breastfeeding mothers to have, not just those with high-risk infants.

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Keep It Simple (continued)

Sherry Payne's session might have been hard to hear but what an important message she shared. Her motivation is to bring awareness of the problem of structural racism and how it affects healthcare. She emphasized the difference between racism on an individual level and barriers to opportunity that have been built into our society for generations. She stated that treating everyone the same does not meet the standard when it comes to breastfeeding support. We need a more targeted approach for black mothers, one that is client-driven. Since breastfeeding is being re-introduced into black culture, these mothers need to feel that they are in a safe space in order to discuss their own barriers to breastfeeding. She believes that black mothers need their own breastfeeding support group, that is led by and exclusive to black women. At Uzazi Village, Sherry Payne offers such a group in a place that is culturally safe, free from judgement and other people's agenda. A place where black mothers feel that they belong.

Key Thoughts from the Kansas Breastfeeding Summit – Jack Newman and Nils Bergman

Cary Allen, Douglas County Breastfeeding Peer Counselor

I was excited to hear that both Jack Newman and Nils Bergman would be presenting at the Breastfeeding Summit in Junction City, February 15 and 16, 2016. Both speakers are knowledgeable, passionate and engaging, and their work with moms and babies is ground breaking. And to have them both in Kansas! A once in a lifetime chance!

I was particularly interested to hear Dr. Newman's thoughts on late onset decreased milk supply. He believes that many moms with a good supply in the beginning may experience decreased supply a few months later, around the time baby is 3 or 4 months old. He believes that these babies begin to get frustrated at the breast because the flow of milk has slowed. They may fuss, squirm, pull at the breast or "bite." This session was really an eye-opener for me. I often hear moms of 3 to 4 month olds worry that their babies are not getting enough to eat and that their supply has decreased. We would then talk about frequent feedings because of growth spurts or teething. I wonder in some of those cases if it truly was a milk supply issue.

Dr. Newman has the following suggestions for preventing late onset decreased supply. He stresses the importance of maintaining flow during feedings by having the best latch possible and using breast compressions if necessary. Mothers should know how to tell if the baby is drinking milk and not just sucking. Mothers should let the baby finish the first side and offer the second side *before* the baby gets too sleepy. He does not believe moms should "as a rule" nurse on one side per feeding or block feed. He believes block feeding contributes to late onset decreased milk supply. For moms that have an overactive let down and oversupply in the early days, he suggests correcting the latch so that babies can handle the fast flow of milk.

Key Thoughts (Continued)

Dr. Newman adamantly believes that using the bottle to address this challenge will likely make the problem worse. Instead, review possible causes of low milk supply like medications or a medical condition. Then, follow his Protocol to Manage Breastmilk Intake and consider domperidone to increase supply.

Day two of the Breastfeeding Summit. What a treat to hear Nils Bergman talk about the profound benefits of skin contact on newborns and mothers. I appreciate the information he shared about what happens in babies' brains when they remain with their mothers and there is little separation. This secure attachment promotes social and emotional well-being and resilience. Dr. Bergman says "resilience is the key to health" and "happiness is a by-product of resilience."



Dr. Bergman also encourages the use of a doula for the mother. A doula acts as a support for the mother during pregnancy and for the duration of labor and birth. She is non-medical, more like a peer or sister. He explained how the presence of a doula during labor protects the mother's oxytocin, which stimulates uterine contractions. Oxytocin is not just a mothering hormone. Dr. Bergman describes it as more of a social, clan or connected hormone associated with empathy, caring-ness and love. It also empowers mothers and can bring out a maternal ferocity in order to protect the baby. Think of the "mother bear" response.

As Dr. Bergman was talking about doulas and their positive effect on labor outcomes, I started to think about how breastfeeding peer counselors have a similar effect on breastfeeding successes. Is this because we create a social bond with mothers during pregnancy and so our presence after delivery encourages mother-infant bonding by continuing to protect oxytocin levels? On many occasions when visiting with new mothers at their home, the baby breastfeeds better. The mom says something like, "She's doing this so much better now" or "Wow, he must be showing off for you." I think the presence of a peer, someone who is non-medical, to help with breastfeeding reminds mothers that breastfeeding is normal and that most challenges are part of the normal course of breastfeeding and not cause for alarm or intervention. Are we helping mothers feel like they belong to that "village," where breastfeeding was seen everyday and talked about with your family, friends and neighbors?



Let's Save the World by Helping Families Breastfeed Successfully!

Martha Hagen, MS, RD, LD, IBCLC, State Breastfeeding Coordinator

Keith Hansen, Vice President for Human Development at the World Bank states, "In sheer raw bottom line economic terms, breastfeeding may be the single best investment a country can make." His experience with watching exclusive breastfeeding reduce health care costs and improve the productivity of a country has led him to this statement.

February and March were great months for breastfeeding education in Kansas. We were lucky to have Dr. Jack Newman and Dr. Nils Bergman present in Junction City in February – see Carrie Allen's article about this event. Dr. Jane Morton presented at the Kansas La Leche League conference in March. Following are points learned from her presentation.

One of Dr. Morton's key points was "Early, frequent and effective removal of colostrum determines future production potential." Dr. Morton is the guru of hand breastmilk expression and emphasized that breastfeeding and hand expression of colostrum in the first hour after birth is key to plenty of breastmilk later. She suggests letting the newborn nurse at the breast, skin-to-skin, right after birth and also having the mother express colostrum. She has noted that new mothers get a good bolus of colostrum in the first hour postpartum (Remember 1 tablespoon is a lot!!), then less in the second or third hour postpartum. The colostrum expressed can be fed to the newborn with a spoon for dessert after nursing. This just emphasizes that WIC staff should prepare women for skin-to-skin right after delivery and to nurse in the first hour postpartum, and now let's train mothers to hand express colostrum also.

Dr. Morton has found that hands on pumping (HOP) also improves breastfeeding success for mothers. Many moms go back to work and pump. Using the pump, plus massage and compression by hand ensures that the breasts are effectively emptied and the mom makes more milk. She pointed out that pump flanges are not reaching where all the milk is. These are especially good tips for moms who are returning to work. Her tip for moms going back to work: about two weeks before going back to work, at the early morning nursing, the mom should nurse on one side and pump on the other to build up a supply of expressed milk. She also suggested introducing a bottle with expressed milk at about four weeks of age with just a little milk once a day about every three days until returning to work. She has found that infants that age are more accepting of trying a bottle than older infants.

These are all good tips to offer mothers. Jack Newman has many videos on YouTube that show good latch, how to know your baby is getting milk, and breast compression.

Find Dr. Morton's ABCs of breastfeeding and watch for her future video about that at:

<http://newborns.stanford.edu/Breastfeeding/ABCs.html#Resources>

La Leche League Conference 2016

Elizabeth Sedita-Laufer, Douglas County

I look forward to participating in continuing education as a way to reinvigorate myself and gain new knowledge in the field of breastfeeding support. This year's annual La Leche League conference gave me a lot of food for thought. The first presenter was Dr. Jane Morton, a pediatrician from Stanford University who has been the Director of the Breastfeeding Medicine Program at Stanford University, and is a leader in the field of breastfeeding medicine and research. Over the years through her research and hands-on work with breastfeeding Mothers and babies, she has developed some very simple strategies to help prevent "feeding related complications".

According to Dr. Morton, many times we are mistakenly looking at factors that do not affect output as much as previously thought. These include things such as diet, stress, sleep and fluid intake. Instead, according to Dr. Morton, we should be concentrating our efforts on the first hour to three days following birth in order to have the greatest effect on prevention of insufficient milk production and increasing duration of breastfeeding. She concentrates her efforts on what she calls the ABC's, which stands for Attachment, Breastmilk production and Calories.

She presented compelling research showing that milk expression within the first hour after birth leads to dramatically increased production which in turn leads to longer duration of breastfeeding in both vaginal and c-section births. One of the primary reasons many of our WIC clients give for discontinuing breastfeeding is that they don't think that they have enough milk. Whether real or perceived, insufficient milk production is a huge factor influencing duration of breastfeeding. Her presentation focused specifically on the efforts of early initiation, high frequency feeding and careful techniques using hand expression and hands on pumping to aid in the early establishment of a healthy and robust supply of milk in the weeks and months following birth. She offers simple and fundamental practices to aid healthy term babies as well as the higher risk, late pre-term babies. For healthy term babies she emphasizes attachment first, then breastmilk production and last, sufficient calorie consumption. She stresses that suction alone does not get milk out of the breast and is most effective when accompanied by breast compression and hand expression which are especially important in the first hour to three days following birth and continuing as needed.



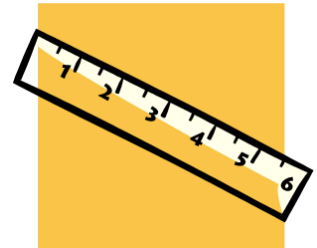
When assisting a Mom with a late preterm baby who is more at-risk for feeding/sucking issues she switches the emphasis to Calories first, Breastmilk production next and lastly, Attachment. In many cases attachment should resolve with counseling, age and development if calories and breastmilk production are addressed from day one. I think in our work with WIC clients we can use this simple information to prepare parents before the birth of their baby, for future breastfeeding success. It may give our Mothers and Fathers concrete tools and knowledge about specific things they should ask for help with from the very beginning. When they see that their efforts are effective, and they are able to produce milk for their babies, this will increase their confidence, prevent problems and empower them to continue.

La Leche League Conference 2016 (Continued)

The second speaker was Sherry Payne, the executive director of the organization Uzazi Village in Kansas City. She is a master's prepared nurse educator, and lactation consultant. Ms. Payne shared with us how systemic racism in our society has led to the decline and discouragement of breastfeeding among African American women. She took great pains to distinguish "personal racism" from "systemic racism" and how it negatively affects all of us even if we are unaware of it. Uzazi Village offers education and counseling for low income women, as well as childbirth education and support with breastfeeding. They offer support groups for breastfeeding moms, a doula mentorship program and "address the need for culturally congruent care when working within communities of color". Uzazi village holds a breastfeeding support group that is exclusively for black women to give them the support and attention they need in a culturally sensitive environment. Her presentation opened my eyes to aspects of white privilege and racism in general and inspired me to search for further information on how I can be aware of it and help to change it. I am grateful to have been able to participate in this year's conference. These distinguished speakers gave me inspiration in my work with breastfeeding mothers, information about the most up to date breastfeeding research, and education about current culturally sensitive practices to utilize with our staff and clients.

How Does Your Clinic Measure Up?

Patrice Thomsen, WIC Program Consultant



Here are three items that sometimes are minor observations from Management Evaluations. Read them and see how your clinic measures up.

Topic: Use of "Other" in KWIC

Observation: Staff using "Other" without a note in KWIC to document details.

Correct Procedure: Whenever there is a choice of using "Other" in KWIC, make sure you include a note in KWIC to specify what that "other" exactly was - whether it was documentation of proof for income, residency, identity or a referral or a reason to be out of processing standards.

Topic: Use of "Personal Knowledge" as proof for client or caregiver

Observation: Staff use "Personal Knowledge" as proof for client or caregiver at the initial certification.

Correct Procedure: Refer to [CRT 04.00.00 Proof of Identity](#). At the first certification appointment, staff must use one of the acceptable forms of proof **other than** "Personal Knowledge." Staff may use personal knowledge at **subsequent** appointments if the staff member truly knows the person by name.



How does your clinic measure up (Continued)

Question: Can I use “personal knowledge” for an infant if the mother has been on WIC during pregnancy and I truly know them by name?

Answer: No, the requirement to see proof at the initial certification applies to each client and caregiver, including when any new family member is initially certified later – like a new infant.

Topic: “Primary Language” on the Demographics screen.

Observation: The “Primary Language” field on the Demographics screen is blank for a family.

Correct Procedure: When completing the Demographics screen for the family, use the “**Primary Language**” field to select the Client’s primary language spoken in the home. Complete this for all clients, **even if English-speaking**. (Used for statistical purposes.)

This normally should be completed during the Apply for WIC process but should be reviewed during the Certification appointment. The staff members in a clinic should have a clear understanding which staff member is responsible for completing this field – usually whoever is completing the intake portion with proofs, etc.

Primary Language



Points of Interest

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute have released the [2015 County Health Rankings Health Gaps Reports](#). The reports identify significant gaps in opportunities for good health among counties within each state, in an interactive format.

CDC sends out the monthly *Beverage Bulletin*, an electronic resource for practitioners interested in public health efforts to support healthier beverage intake. To subscribe to this listserv, email spark3@cdc.gov at CDC.

2016 Kansas WIC Conference



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